

CENTER FOR SOCIAL RESEARCH
200 BLOOMFIELD AVENUE
WEST HARTFORD, CT 06117

UNIVERSITY OF HARTFORD
COLLEGE OF ARTS AND SCIENCES

**PERMISSION TO PARTICIPATE IN AN EVALUATION OF THE NURTURING
FAMILIES NETWORK HOME VISITING PROGRAM**

INFORMATION ABOUT THE EVALUATION

University of Hartford's Center for Social Research (CSR) staff are conducting a program evaluation of the Nurturing Families Network Home Visiting Program. The purpose of the evaluation is to determine whether NFN programs are helpful to families in Connecticut by increasing parenting skills and knowledge of infant/child development, assisting families in achieving access to needed services, and reducing parenting stress.

VOLUNTARY

Because of a federal law called the Health Insurance Portability & Accountability Act (HIPAA), we must get your permission to use and disclose your identifiable health information for this evaluation.

Your decision whether to give permission is voluntary. The only consequence of not granting permission is that you will not be allowed to participate in this evaluation. Your decision has no impact on your involvement with NFN services, treatment, payment, or enrollment in any health plans, or effect on your eligibility for benefits.

As you already know, your home visitor and your program supervisor are mandated reporters to the state, so if in the process of collecting data for us they identify that you or someone else in your household is at-risk of harm, they are required to report this to state authorities.

WHAT IS INVOLVED IN PARTICIPATING?

If you give permission to be involved in the NFN program evaluation, you will be asked to complete 3-4 forms about stress, life skills, and parenting practices. In addition, your home visitor will complete some demographic information about you (for example your race/ethnicity, how old you are, and how old your baby is). Your home visitor also completes a home visiting log which tracks how often you receive home visits, what topics were covered during those home visits, what referrals have been given, and whether information has been provided to you on topics such as Shaken Baby Syndrome and Back to Sleep. None of this information contains your name, only an id number. All program data will be entered by NFN staff into a web-based database, and if you agree to participate in this evaluation, this information will be sent to the research team electronically.

WHAT ARE THE RISKS TO ME FOR PARTICIPATING IN THE EVALUATION?

The risks for participation are minimal. Some of the forms you fill out may cause you to feel some distress. If this were to happen you should speak to your home visitor, who is well trained

to provide the support and assistance that you need. If these feelings continue, you may ask your home visitor for a referral for professional treatment or you may decide to discontinue your participation in the evaluation, which as explained above will have no adverse consequences for your participation in the program.

WHAT ARE THE BENEFITS OF PARTICIPATING IN THE EVALUATION?

The evaluation will give you an opportunity to reflect on your progress in a number of areas related to parenting and your own individual development. These questions may lead you to talk more openly with your home visitor about your progress in the program and about areas you may want to personally focus on. Moreover, the information you provide is valuable in understanding whether programs for first-time families, like the NFN, are beneficial.

INFORMATION THAT WILL BE USED/DISCLOSED

The following information about you may be used and disclosed for the purpose of this evaluation:

- Demographic Information
- Date of Birth

HOW THE INFORMATION WILL BE USED/DISCLOSED

The information noted above will be used and disclosed for the following purpose(s):

- To evaluate the effectiveness of the NFN home visiting program by examining changes in families' attitudes and behaviors as well as changes in their life circumstances.

HOW LONG WILL MY PARTICIPATION IN THE EVALUATION LAST?

Your involvement in the *home visiting* evaluation will include completing three to four forms once per year for each year that you receive services (up to five years). Hard copies of data will be destroyed after five years of participation in the program. However, electronic data will be kept as long as the program is being evaluated.

HOW WILL MY PERSONAL INFORMATION BE PROTECTED?

All information collected for the evaluation has an ID number on it, not your name. Any form containing your name or other personally-identifiable information is kept separately from the forms you fill-out for the evaluation and are at your NFN program site. Any form containing your name or other personally-identifiable information is not shared with the evaluation team unless otherwise specified (see Permission to Search DCF Database consent). Your name will not be included in any report about the program. If you have any questions about the confidentiality of your records, please don't hesitate to ask your home visitor, the supervisor, or the program manager.

WILL I FIND OUT THE RESULTS OF THE EVALUATION?

Findings of this evaluation will not be routinely given to participating families however, The Center for Social Research reports the evaluation findings annually, and these reports are available and can be mailed to you upon request.

HOW TO WITHDRAW PERMISSION

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You can withdraw your permission at any time by sending a letter to Marcia Hughes at the Center for Social Research, Hillyer Hall Suite 423, University of Hartford; West Hartford, CT 06117, or by calling Marcia Hughes at 860-768-5966. Or, you may tell your home visitor and she/ he will help you reach us so you can stop being part of the evaluation. If you withdraw your permission, evaluators will stop collecting new data. However, evaluators may continue to use and disclose the protected health information that was collected for the evaluation prior to receiving the request to withdraw your permission.

QUESTIONS OR COMPLAINTS

If you have questions about your rights as a participant, please contact the University of Hartford Human Subjects Committee (HSC) at 860-768-5371. The HSC is a group of people that reviews research studies and protects the rights of people involved in research.

CONSENT

1. I have read and understand the above information and have been given an opportunity to ask questions. I understand the risks, benefits, and rewards involved in participation, as stated above. I agree to participate in this evaluation and I have been given a copy of this consent for my own records.

Participant 1 Signature and Date

Participant's Printed Name

Staff Signature and Date

Participant 2 Signature and Date

Participant's Printed Name

Staff Signature and Date

2. I am the legal guardian of the consenting participant. My child is age 17 or younger. I have read and understand the above information and have been given an opportunity to ask questions. I agree to permit my child to participate in this evaluation. I have been given a copy of this consent for my own records.

Parent or Legal Guardian Signature and Date

Parent or Legal Guardian Printed Name

Family ID#: _____